

Section 4 – TOPICAL MODULES

Part A – ASSETS AND LIABILITIES

STATEMENT C

Read to respondent: **These next questions concern various assets and liabilities.**

1a. As of (Read last day of reference period), did anyone outside of this household owe money to . . . as the result of the sale of a business or property? (Exclude mortgages owed to . . . which have already been reported.)

8200 1 ☐ Yes
2 ☐ No
X1 ☐ DK
X2 ☐ Ref. } SKIP to 2a

b. How much was owed to . . . ?

(If shared, count only . . . 's share.)

8202 \$. 00
X1 ☐ DK
X2 ☐ Ref.
8203 1 ☐ Office Use Only

ASK OR VERIFY –

2a. Did . . . own any U.S. Savings Bonds (Series E, or EE) as of (Read last day of reference period)?

8204 1 ☐ Yes
2 ☐ No – SKIP to Check Item T1

b. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned?

(If ownership was shared, count only . . . 's share.)

8206 \$. 00
X1 ☐ DK
X2 ☐ Ref.

CHECK ITEM T1

Interview status of . . . 's spouse.

8208 1 ☐ No spouse in household – SKIP to 4a
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 4a

2c. As of (Read last day of reference period), did . . . own jointly with . . . 's (husband/wife) any checking accounts which do NOT earn interest?

8209 1 ☐ Yes
2 ☐ No
X1 ☐ DK
X2 ☐ Ref. } SKIP to 3a

d. What is your best estimate of the amount of money . . . and . . . 's (husband/wife) had in those checking accounts as of (Read last day of reference period)?

8210 \$. 00
X3 ☐ None
X1 ☐ DK
X2 ☐ Ref.

3a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for –

(1) Store bills or credit card bills?

8212 1 ☐ Yes
2 ☐ No
X1 ☐ DK
X2 ☐ Ref.

(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?

8216 1 ☐ Yes
2 ☐ No
X1 ☐ DK
X2 ☐ Ref.

(3) Any other debt we have not yet mentioned (include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered; exclude mortgages, home equity loans, and car loans)?

8220 1 ☐ Yes
2 ☐ No
X1 ☐ DK
X2 ☐ Ref.

If "Yes" to 3a ask –

3b. How much was owed as of (Read last day of reference period)?

8214 \$. 00
X1 ☐ DK – Probe
X2 ☐ Ref.

8218 \$. 00
X1 ☐ DK – Probe
X2 ☐ Ref.

8222 \$. 00
X1 ☐ DK – Probe
X2 ☐ Ref.

TOPICAL MODULES

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

4a. (Besides any checking accounts owned jointly with . . . 's spouse,) as of (Read last day of reference period), did . . . own any (other) checking accounts which did NOT earn interest?

8232 1 ☐ Yes
2 ☐ No
X1 ☐ DK
X2 ☐ Ref. } SKIP to 4c

b. What is your best estimate of the amount of money . . . had in those checking accounts as of (Read last day of reference period)?
(If account was shared, count only . . . 's share.)

8233 \$. 00
X3 ☐ None
X1 ☐ DK
X2 ☐ Ref.

c. Did . . . have any debts, such as credit card bills, loans from a financial institution, or educational loans, in . . . 's OWN name?

8234 1 ☐ Yes
2 ☐ No
X1 ☐ DK
X2 ☐ Ref. } SKIP to Check Item T2

d. As of (Read last day of reference period), did . . . owe any money (in . . . 's OWN name) for –

If "Yes" to 4d ask –

4e. How much was owed as of (Read last day of reference period)?

(1) Store bills or credit card bills?

8236 1 ☐ Yes
2 ☐ No
X1 ☐ DK
X2 ☐ Ref.

8238 \$. 00
X1 ☐ DK – Probe
X2 ☐ Ref.

(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?

8240 1 ☐ Yes
2 ☐ No
X1 ☐ DK
X2 ☐ Ref.

8242 \$. 00
X1 ☐ DK – Probe
X2 ☐ Ref.

(3) Any other debt we have not yet mentioned (include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered; exclude mortgages, home equity loans, and car loans)?

8244 1 ☐ Yes
2 ☐ No
X1 ☐ DK
X2 ☐ Ref.

8246 \$. 00
X1 ☐ DK – Probe
X2 ☐ Ref.

CHECK ITEM T2

Refer to cc item 24.

Is . . . 21 years of age or older?

8258 1 ☐ Yes
2 ☐ No – SKIP to 7a, page 60

5a. Does . . . have any Individual Retirement Accounts – any IRAs – in . . . 's OWN name?
(Do not mark "Yes" if . . . is only included in spouse's IRA account.)

8260 1 ☐ Yes
2 ☐ No
X1 ☐ DK
X2 ☐ Ref. } SKIP to 6a

b. For how many years has . . . contributed to . . . 's IRA accounts?

8262 Years
X1 ☐ DK
X2 ☐ Ref. – SKIP to 6a

c. As of (Read last day of reference period), what is the total balance or market value (including interest earned) of . . . 's IRA accounts? ★

8264 \$. 00 – SKIP to 5e
X1 ☐ DK
X2 ☐ Ref. – SKIP to 6a

d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

8266 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 17
2 ☐ No
X1 ☐ DK
X2 ☐ Ref. } SKIP to 6a

e. (Please look at Card AA.)

As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's IRA accounts?

Mark (X) all that apply.

Anything else?

8268 1 ☐ Certificates of deposit or other saving certificates
8270 2 ☐ Money market funds
8272 3 ☐ U.S. Government securities
8274 4 ☐ Municipal or corporate bonds
8276 5 ☐ U.S. Savings Bonds
8278 6 ☐ Stocks or mutual fund shares
8280 7 ☐ Other assets – Specify

8282 X1 ☐ DK

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

6a. Does . . . have a KEOGH account in . . . 's OWN name?

8284 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref. } SKIP to 7a

b. For how many years has . . . contributed to . . . 's KEOGH account?

8286 Years
x1 ☐ DK
x2 ☐ Ref. – SKIP to 7a

c. As of (Read last day of reference period), what was the total balance or market value of assets in . . . 's KEOGH account(s)?

8288 \$. 00 – SKIP to 6e
x1 ☐ DK
x2 ☐ Ref. – SKIP to 7a

d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

8290 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 18
2 ☐ No – SKIP to 7a

e. (Please look at Card AA.) As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's KEOGH account(s)?

Mark (X) all that apply.

Anything else?

8292 1 ☐ Certificates of deposit or other savings certificates
8294 2 ☐ Money market funds
8296 3 ☐ U.S. Government securities
8298 4 ☐ Municipal or corporate bonds
8300 5 ☐ U.S. Savings Bonds
8302 6 ☐ Stocks or mutual fund shares
8304 7 ☐ Other assets – Specify

8306 x1 ☐ DK

7a. Does . . . have any life insurance? (Include group policies provided by employers.)

8308 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref. } SKIP to Statement D, page 61

b. What is the current FACE VALUE of ALL life insurance policies that . . . has?

8309 \$. 00
x1 ☐ DK
x2 ☐ Ref.
8310 1 ☐ Office Use Only

c. What types of life insurance does . . . have – is it "term insurance", "whole life", or does . . . have both of these types?

8312 1 ☐ Term only
2 ☐ Whole life only
3 ☐ Both types
x1 ☐ DK

CHECK ITEM T3 Is "Worked" (code 170) marked on the ISS?

8314 1 ☐ Yes
2 ☐ No – SKIP to Statement D, page 61

7c. Are any of . . . 's life insurance policies provided through . . . 's current employer(s)?

8316 1 ☐ Yes
2 ☐ No – SKIP to Statement D, page 61

d. What is the FACE VALUE of the life insurance policies provided through . . . 's employer(s)?

8318 \$. 00
x1 ☐ DK
x2 ☐ Ref.

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – MEDICAL EXPENSES AND WORK DISABILITY

STATEMENT D → These next questions concern payments that . . . may have made last month for medical bills for himself/herself or his/her family.

1. During (Read last month), did . . . pay any of the following:

- | | | | | |
|--|-------------|--------------------------------|-------------------------------|--------------------------------|
| a. Doctor bills? | 8400 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| b. Dentist bills? | 8402 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| c. Hospital bills? | 8404 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| d. Expenses for prescription medicine? | 8406 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |

**CHECK
ITEM T4**

Is one or more "Yes" boxes marked in item 1?

- 8408** 1 ☐ Yes
2 ☐ No – SKIP to Check Item T5

2. Not counting amounts already reported by another family member or amounts that will be reimbursed by insurance, how much did . . . pay for medical expenses in the month of (Read last month)?

8410 \$. 00
x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM T5**

Refer to cc item 24.
What is . . . 's age?

- 8412** 1 ☐ 15 years old – SKIP to Check Item T9
2 ☐ 16 to 67 years old
3 ☐ 68 years old or older – SKIP to Check Item T9

**CHECK
ITEM T6**

Refer to item 18a on page 7.
What is marked in item 18a?

- 8413** 1 ☐ Item 18a is blank
2 ☐ "Yes" in item 18a – SKIP to 3a
3 ☐ "No" in item 18a – Skip to Check Item T9

STATEMENT E → Now I want to ask about any health or physical condition . . . may have that affected . . . 's ability to work.

**CHECK
ITEM T7**

Refer to cc item 47.
Is "Disabled" (code 171) marked on the control card for . . . ?

- 8416** 1 ☐ Yes
2 ☐ No – SKIP to 3b

3a. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?

- 8418** 1 ☐ Yes – SKIP to Check Item T8
2 ☐ No – SKIP to Check Item T9

b. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?

- 8420** 1 ☐ Yes – Mark "171" on ISS
2 ☐ No – SKIP to Check Item T9

**CHECK
ITEM T8**

Is "Worked" (code 170) marked on the ISS?

- 8422** 1 ☐ Yes – SKIP to Check Item T9
2 ☐ No

4a. Does . . . 's health or condition prevent . . . from working at a job or business?

- 8424** 1 ☐ Yes
2 ☐ No – SKIP to Check Item T9

b. Has . . . been prevented from working for the past 12 months or longer?

- 8426** 1 ☐ Yes – SKIP to Check Item T9
2 ☐ No

c. Is it likely that . . . will be able to work at some time in the next 12 months?

- 8428** 1 ☐ Yes
2 ☐ No
x1 ☐ DK

Go to Check Item T9

NOTES

Section 4 - TOPICAL MODULES (Continued)

Part C - REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES

CHECK ITEM T9

Is this the reference person's questionnaire?

8526

1 ☐ Yes

2 ☐ No - SKIP to Check Item P1, page 67

STATEMENT F

Read to respondent: **These next questions concern housing costs and automobile ownership.**

CHECK ITEM T10

Refer to cc item 14.
Is this housing unit a mobile home?

8528

1 ☐ Yes - SKIP to Check Item T14, page 63

2 ☐ No

CHECK ITEM T11

Refer to cc item 15.
Tenure

8530

1 ☐ Owned or being bought

2 ☐ Rented for cash - SKIP to 5

3 ☐ Occupied without cash payment - SKIP to 6

ASK OR VERIFY -

1a. Which persons in this household are the owners of this home?

8532

Person No. Name

8534

8536

b. In what month and year was this home purchased?

8538

Month

Year

x1 ☐ DK

x1 ☐ DK

c. (Including rental properties attached to or located on . . . 's own residence), is there a mortgage, home equity loan, or other debt on this home?

8540

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x2 ☐ Ref.

SKIP to 2

d. Altogether, how many mortgages, home equity loans, or other debts are there on this home?

8542

Number

x1 ☐ DK

(Ask questions 1e-1k for first mortgage and then return to 1e again for any second mortgage or other loan.)

First mortgage

Second mortgage or other loan

e. How much principal is currently owed on this (first/other) mortgage (debt)? (If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.)

8564

\$. 00

x1 ☐ DK

x2 ☐ Ref.

8565

1 ☐ Office Use Only

8566

\$. 00

x1 ☐ DK

x2 ☐ Ref.

8567

1 ☐ Office Use Only

f. In what year was this mortgage (loan) obtained? (If mortgage was assumed, give the original date of the mortgage.)

8568

1 9

x1 ☐ DK

Year - If 1992, 1993, or 1994, ask month

8569

Month

x1 ☐ DK

8570

1 9

x1 ☐ DK

Year - If 1992, 1993, or 1994, ask month

8571

Month

x1 ☐ DK

g. What was the amount of the mortgage (loan) when it was obtained or last refinanced?

8572

\$. 00

x1 ☐ DK

x2 ☐ Ref. - SKIP to 2

8573

1 ☐ Office Use Only

8574

\$. 00

x1 ☐ DK

x2 ☐ Ref. - SKIP to 2

8575

1 ☐ Office Use Only

h. What is the total number of years over which payments are to be made?

8576

Years

x8 ☐ Not fixed

x1 ☐ DK

8578

Years

x8 ☐ Not fixed

x1 ☐ DK

i. What is the current annual interest rate on this mortgage (loan)?

8580

Percent

x1 ☐ DK

x2 ☐ Ref.

8582

Percent

x1 ☐ DK

x2 ☐ Ref.

j. Is the interest rate variable, that is, can the rate change over the term of the mortgage (loan)?

8584

1 ☐ Yes

2 ☐ No

x1 ☐ DK

8586

1 ☐ Yes

2 ☐ No

x1 ☐ DK

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)

1k. Was this mortgage obtained through an FHA or VA mortgage program?	8587 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8589 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T12 Refer to item 1d, page 62. Is there another loan or mortgage?	8592 1 <input type="checkbox"/> Yes – Ask item 1e, page 62, for next loan or mortgage 2 <input type="checkbox"/> No – SKIP to 2	Go to Check Item T13
CHECK ITEM T13 Refer to item 1d, page 62. Are there 3 or more mortgages or loans on this home?	8594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	
1l. How much principal is currently owed on all the remaining mortgages or loans not reported previously?	8596 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8597 1 <input type="checkbox"/> Office Use Only	
2. (Including rental properties attached to or located on . . . 's own residence), what is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale?	8598 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8599 1 <input type="checkbox"/> Office Use Only	} SKIP to 5
CHECK ITEM T14 Refer to cc item 15. Tenure of mobile home.	8608 1 <input type="checkbox"/> Owned or being bought 2 <input type="checkbox"/> Rented for cash – SKIP to 5 3 <input type="checkbox"/> Occupied without cash rent – SKIP to 6	
3a. Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?	8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	} SKIP to 4
b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?	8612 1 <input type="checkbox"/> Mobile home only 2 <input type="checkbox"/> Site only 3 <input type="checkbox"/> Site and home	
c. How much principal is currently owed on this (these) mortgage(s)?	8624 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
4. How much do you think this mobile home (and SITE) would sell for today if it were for sale?	8630 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
5. How much was this household's (rent/mortgage payment) last month? <i>(Include any condominium or association fees.)</i>	8638 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	} SKIP to Check Item T16, page 64
6. How much did this household pay for electricity, gas, basic telephone service, and other utilities last month? <i>(Other utilities include other fuels and water. Include only payments made in addition to those reported in item 5.)</i>	8640 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> Nothing or included in rent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	} SKIP to Check Item T16, page 64
NOTES		

Section 4 - TOPICAL MODULES (Continued)

Part C - REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)

CHECK ITEM T15

Refer to cc items 19b,
23, and 24.

Composition of
household

8642

- 1 ☐ One person household
2 ☐ Married-couple household,
no other person 18 or older
3 ☐ Single parent household, no
other person 18 or older
4 ☐ Other composition

SKIP to Check Item T16

7. Did more than one of the persons living here pay for the (rent/mortgage payment) and utilities last month?

8644

- 1 ☐ Yes - SKIP to 9
2 ☐ No

8. Which person paid?

Person No.

Name

8646

SKIP to
Check
Item T16

9. Which persons paid and how much did each pay?

Person 1

Person 2

Person 3

Person No.

Person No.

Person No.

8647

8648

8649

Name

Name

Name

8650

\$.00

8651

\$.00

8652

\$.00

- x1 ☐ DK
x2 ☐ Ref.

- x1 ☐ DK
x2 ☐ Ref.

- x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM T16

Refer to cc items 18,
and 23.

Number of persons in
household

8654

- 1 ☐ One - SKIP to Check Item T17
2 ☐ Two or more

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)

10a. Last month, did anyone here pay for the care of a child or a disabled person so that a household member could work, attend training, or look for a job?		8656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T17
b. What was the total cost of these care arrangements for the month of (Read last month)?		8657 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
CHECK ITEM T17 Refer to cc items 16a and 16b. Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?		8658 1 <input type="checkbox"/> In a public housing project } SKIP to 12a 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Neither public nor subsidized
11a. Does . . . or anyone else in this household own any (other) real estate such as a vacation home or undeveloped lot? Exclude rental property previously reported or rental property attached to or located on the same land as . . . 's own residence.		8660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 12a X1 <input type="checkbox"/> DK
b. Which persons in this household are the owners of this (these) property(ies)?		Person No. Name 8662 <input type="text"/> <input type="text"/> <input type="text"/> _____ 8664 <input type="text"/> <input type="text"/> <input type="text"/> _____
c. What is the total value of (Read persons' names) equity in this (these) property(ies)? (By equity, we mean the amount that could be obtained by selling the property and paying off any debts.) Count only share owned by household members.		8666 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. 8667 1 <input type="checkbox"/> Office Use Only
12a. Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?		8714 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 13a
b. How many cars, trucks, or vans are owned by members of this household?		8716 <input type="text"/> Number of motor vehicles
(Ask items 12c–12g for vehicle 1 and then return to 12c for additional vehicles.)		
c. Who is (are) the owner(s) of the (newest, next newest) motor vehicle?	Vehicle 1 Person No. 8718 <input type="text"/> <input type="text"/> <input type="text"/> Name _____	Vehicle 2 Person No. 8720 <input type="text"/> <input type="text"/> <input type="text"/> Name _____
	Person No. 8724 <input type="text"/> <input type="text"/> <input type="text"/> Name _____	Person No. 8726 <input type="text"/> <input type="text"/> <input type="text"/> Name _____
	Person No. 8728 <input type="text"/> <input type="text"/> <input type="text"/> Name _____	Person No. 8730 <input type="text"/> <input type="text"/> <input type="text"/> Name _____
	Person No. 8732 <input type="text"/> <input type="text"/> <input type="text"/> Name _____	Person No. 8734 <input type="text"/> <input type="text"/> <input type="text"/> Name _____
d. What is the year, make, and model of this vehicle?	8730 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> X1 <input type="checkbox"/> DK	8732 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> X1 <input type="checkbox"/> DK
	PGM 8 Make 8735 _____ 8736 X1 <input type="checkbox"/> DK	PGM 8 Make 8737 _____ 8738 X1 <input type="checkbox"/> DK
	Model 8741 _____ 8742 X1 <input type="checkbox"/> DK	Model 8743 _____ 8744 X1 <input type="checkbox"/> DK
	OFFICE USE ONLY PGM 7 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	8748 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8750 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	8734 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> X1 <input type="checkbox"/> DK	8736 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> X1 <input type="checkbox"/> DK
	PGM 8 Make 8739 _____ 8740 X1 <input type="checkbox"/> DK	PGM 8 Make 8741 _____ 8742 X1 <input type="checkbox"/> DK
	Model 8745 _____ 8746 X1 <input type="checkbox"/> DK	Model 8747 _____ 8748 X1 <input type="checkbox"/> DK
	OFFICE USE ONLY PGM 7 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	8752 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8754 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>